

12/20/01
J1131 U.S. PRO

PTO/SB/50 (4/98)
Approved for use through 9/30/2000. OMB 0651-0033
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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REISSUE PATENT APPLICATION TRANSMITTAL

| | | | |
|--|--|------------------|--|
| Address to: Assistant Commissioner for Patents Box: Patent Application Washington, DC 20231 | Attorney Docket No. | P55057RE | |
| | First Named Inventor | YEO-CHANG YOON | |
| | Original Patent Number | 6,141,627 | |
| | Original Patent Issue Date (Month/Day/Year) | October 31, 2000 | |
| | Express Mail Label No. | | |

1. ☒ APPLICATION FOR REISSUE OF: (check applicable box) ☒ Utility Patent ☐ Design Patent ☐ Plant Patent

| APPLICATION ELEMENTS (37 CFR 1.173) | ACCOMPANYING APPLICATION PARTS |
|--|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent <i>(amended, if appropriate)</i> 4. <input checked="" type="checkbox"/> Drawing(s) <i>(proposed amendments, if appropriate)</i> 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (executed) <i>(37 C.F.R. §1.175) (PTO/SB/51 or 52)</i> 6. <input checked="" type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i> <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) -combined in Declaration <input checked="" type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (PTO/SB/96) -combined in Declaration | 7. <input checked="" type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c). -combined in Declaration 8. <input checked="" type="checkbox"/> Original U.S. patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input checked="" type="checkbox"/> Statement of Loss (PTO/SB/55)- -combined in Declaration 9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i> 10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(If applicable)</i> 12. <input checked="" type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 14. <input checked="" type="checkbox"/> Other: <u>Reissue Application Fee Transmittal Form</u> <u>Check #40782 for \$2,666.00</u> |

15. CORRESPONDENCE ADDRESS

| | | |
|---|---|--|
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label | 008-439 <i>(Insert Customer No. Or Attach bar code label here)</i> | or <input type="checkbox"/> Correspondence address below |
| Name | ROBERT E. BUSHNELL and Law Firm | |
| Address | 1522 K Street, N.W., Suite 300 | |
| City | Washington | State D.C. Zip Code 20005-1202 |
| Country | U.S.A. | Telephone (202) 408-9040 Fax (202) 289-7100 |

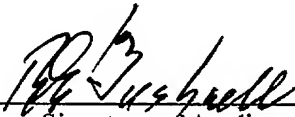
J1046 U.S. PRO
12/20/01

| | | | |
|-------------------|---------------------------|-----------------------------------|------------------|
| NAME (Print/Type) | Robert E. Bushnell | Registration No. (Attorney Agent) | 27,774 |
| Signature | <i>Robert E. Bushnell</i> | Date | 20 December 2001 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent & Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

REB/kf

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| REISSUE APPLICATION FEE TRANSMITTAL FORM | | | | | Docket Number (Optional) P55057RE | | | |
|--|---|-------------------------------------|---|--|---|---------------------------|---------------------------|------------|
| Claims as Filed - Part 1 | | | | | | | | |
| Claims in Patent | For | Number filed in Reissue Application | (3) Number Extra | Small Entity | | Other than a Small Entity | | |
| | | | | Rate | Fee | | Rate | Fee |
| (A) 12 | Total Claims (37 CFR 1.16(j)) | (B) 57 | **** 37 = | ×\$ ____ = | | or | ×\$ <u>18</u> = | 666.00 |
| (C) 3 | Independent Claims (37 CFR 1.16(i)) | (D) 18 | * 15 = | ×\$ ____ = | | | ×\$ <u>84</u> = | 1,260.00 |
| Basic Fee (37 CFR 1.16(h)) | | | | | \$ ____ | OR | | |
| Total Filing Fee | | | | | \$ | | | |
| Total Filing Fee | | | | | \$ | \$ <u>2,666.00</u> | | |
| Claims as Filed - Part 2 | | | | | | | | |
| | (1) Claims Remaining After Amendment | | (2) Highest Number Previously Paid For | (3) Extra Claims Present | Small Entity | | Other than a Small Entity | |
| | | | | | Rate | Fee | | Rate |
| Total Claims (37 CFR 1.16(j)) | *** | MINUS | ** | * = | ×\$ ____ = | | or | ×\$ ____ = |
| Independent (37 CFR 1.16(i)) | *** | MINUS | ***** | 0 | ×\$ ____ = | | | ×\$ ____ = |
| Total Additional Fee | | | | | \$ | OR | | |
| Total Additional Fee | | | | | \$ | \$ | | |
| <p>If the entity in (D) is less than the entity in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>02-4943</u>.</p> <p><input checked="" type="checkbox"/> A check (#40782) in the amount of \$ <u>2,666.00</u> to cover the filing/additional fee is enclosed.</p> | | | | | | | | |
| <u>20 December 2001</u> Date | | | |  _____ Signature of Applicant, Attorney or Agent of Record | | | | |
| | | | | <u>Robert E. Bushnell</u> _____ Typed or printed name | | | | |



12/20/01

PTO/SB/17 (08-00)

Approved for use through 9/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL

Patent fees are subject to annual revision.

Complete If Known

| | |
|----------------------|-----------------------------|
| Original Patent No. | 6,141,627 (31 October 2000) |
| Filing Date | 20 December 2001 |
| First Named Inventor | Yeo-Chang YOON |
| Examiner Name | to be assigned |
| Group/Art Unit | to be assigned |
| Attorney Docket No. | P55057RE |

TOTAL AMOUNT OF PAYMENT

(\$)2,666.00

METHOD OF PAYMENT (check one)

1. ☐

The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number: 02-4943

Deposit Account Number: _____

☐ Charge Any Additional Fee Required Under 37 C.F.R. §1.16 and 1.17.☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

(CHECK #40782)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity | | Small Entity | | Fee Description | Fee Paid |
|--------------|----------|--------------|----------|------------------------|----------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | |
| 101 | 740 | 201 | 370 | Utility filing fee | \$ |
| 106 | 330 | 206 | 165 | Design filing fee | \$ |
| 107 | 510 | 207 | 255 | Plant filing fee | \$ |
| 108 | 740 | 208 | 370 | Reissue filing fee | \$740.00 |
| 114 | 160 | 214 | 80 | Provisional filing fee | \$ |

SUBTOTAL (1) (\$)740.00

2. EXTRA CLAIM FEES

| | | | | Extra Claims | | Fee from below | | Fee Paid |
|---|-------------|--------------|-------------|---|--|-------------------|---|-------------|
| Total claims | 57 | -20** = | 37 | x | | 18 | = | 666.00 |
| Independent Claims | 18 | - 3** = | 15 | x | | 84 | = | 1260.00 |
| Multiple Dependent | | | | | | | | = |
| ** or number previously paid, if greater; For Reissues, see below | | | | | | | | |
| Large Entity | | Small Entity | | | | | | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | | | | |
| 103 | 18 | 203 | 9 | Claims in excess of 20 | | | | |
| 102 | 84 | 202 | 42 | Independent claims in excess of 3 | | | | |
| 104 | 280 | 204 | 140 | Multiple dependent claim, if not paid | | | | |
| 109 | 84 | 209 | 42 | ** Reissue independent claims over original patent | | | | |
| 110 | 18 | 210 | 9 | ** Reissue claims in excess of 20 and over original patent | | | | |

SUBTOTAL (2) (\$)1,926.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity | | Small Entity | | Fee Description | Fee Paid |
|---------------------------|----------|--------------|----------|--|----------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | |
| 105 | 130 | 205 | 65 | Surcharge-late filing fee or oath | \$ |
| 127 | 50 | 227 | 25 | Surcharge-late provisional filing fee or cover sheet | \$ |
| 139 | 130 | 139 | 130 | Non-English specification | \$ |
| 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination | \$ |
| 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | \$ |
| 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action | \$ |
| 115 | 110 | 215 | 55 | Extension for reply within first month | \$ |
| 116 | 400 | 216 | 200 | Extension for reply within second month | \$ |
| 117 | 920 | 217 | 460 | Extension for reply within third month | \$ |
| 118 | 1,440 | 218 | 720 | Extension for reply within fourth month | \$ |
| 128 | 1,960 | 228 | 950 | Extension for reply within fifth month | \$ |
| 119 | 320 | 219 | 160 | Notice of Appeal | \$ |
| 120 | 320 | 220 | 160 | Filing a brief in support of an appeal | \$ |
| 121 | 280 | 221 | 140 | Request for oral hearing | \$ |
| 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | \$ |
| 140 | 110 | 240 | 55 | Petition to revive - unavoidable | \$ |
| 141 | 1,280 | 241 | 640 | Petition to revive - unintentional | \$ |
| 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) | \$ |
| 143 | 460 | 243 | 230 | Design issue fee | \$ |
| 144 | 620 | 244 | 310 | Plant issue fee | \$ |
| 122 | 130 | 122 | 130 | Petitions to the Commissioner | \$ |
| 123 | 50 | 123 | 50 | Processing fee for provisional applications | \$ |
| 126 | 180 | 126 | 180 | Submission of Information Disclosure Statement | \$ |
| 581 | 40 | 581 | 40 | Recording each patent assignment per property (Times number of properties) | \$ |
| 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 C.F.R. §1.129(a)) | \$ |
| 149 | 740 | 249 | 370 | For each additional invention to be examined (37 C.F.R. §1.129(b)) | \$ |
| Other Fee (specify) _____ | | | | | \$ |
| Other Fee (specify) _____ | | | | | \$ |

** Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$0.00

SUBMITTED BY

Complete (if applicable)

| | | | | | |
|-----------------------|--------------------------|------|------------------|-------------------------|--|
| Typed or Printed Name | Robert E. Bushnell, Esq. | | Reg. Number | 27,774 | |
| Signature | | Date | 20 December 2001 | Deposit Account User ID | |

REB/kf

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